



BENEFITS UPDATE

May 2011

Changes to Your Health Care Benefits as of July 1, 2011

The Trustees have made the following important changes to the Electrical Insurance Trustees Health & Welfare Plan for Office and Miscellaneous Participants ("Plan") effective as of July 1, 2011, to comply with the Patient Protection and Affordable Care Act of 2010 (PPACA). The Plan is described in detail in the Health Care Booklet for Office and Miscellaneous Participants.

This Benefits Update supplements the information contained in that Booklet. Please keep these documents together for your records.

Dependent Coverage Eligibility

Definition of Dependent Has Changed

Effective as of July 1, 2011, the Trustees have changed the definition of dependent to include an eligible employee's children under the age of 26 regardless of their financial dependency, residence or marital status as required by federal law. Children or child is limited to the following: natural born children of the participant, adopted children of the participant, children placed in the home of the participant for legal adoption and step children (defined as children born to the participant's current spouse prior to your marriage) of the participant. An eligible dependent's spouse or children are not eligible for benefits under the Plan. Enrollment forms will be provided in a separate mailing. If you do not receive an enrollment form and would like to enroll your dependent child, please contact the Fund Office at (312) 782-5442.

If a participant dies while covered under the Plan, his or her eligible dependent children will be eligible for healthcare coverage for 90 days from participant's date of death or until their 26th birthday, whichever occurs first.

Medical Benefits

Out-of-Network Emergency Care

Eligible expenses incurred for out-of-network emergency medical care will be paid at 90% of the greater of the following amounts: (a) the median of the amount negotiated with each in-network provider, (b) the PPO negotiated rate or (c) the Medicare rate.

Notice to Individuals Who Previously Met the Lifetime Dollar Limit

The lifetime maximum limit on the dollar value of benefits under the Electrical Insurance Health and Welfare Plan for Office and Miscellaneous Participants no longer applies. Individuals who previously reached the lifetime maximum limit for medical benefits may be eligible for benefits up to the new limits effective as of July 1, 2011. This means that if you had previously exhausted the Plan's lifetime maximum limit and you meet the Plan's eligibility requirements, your claims incurred on and after July 1, 2011, will be paid subject to the Plan's new annual limit of \$2,000,000 until December 31, 2013.

Certain Preventive Services Are Now Covered Under the Plan Without Cost Sharing

Pursuant to the PPACA, certain eligible preventive services provided by an in-network provider are now covered under the Plan at 100% and are not subject to Plan deductibles. The Plan will pay 80% of PPO negotiated rates for eligible preventive services provided by an out-of-network provider, subject to Plan deductibles. This means that if you visit an in-network provider you will receive the maximum payment available under the Plan.

Preventive services are defined by federal law and will be subject to frequency limits and medical necessity recommendations as provided by the United States Preventive Services Task Force, the Center for Disease Control and the Health Resources and Services Administration.

As of the date of this mailing, the federal government has identified the following services as preventive services:

Covered Preventive Services for Adults

- Abdominal aortic aneurysm one-time screening for men age 65-75 who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use for men age 45-79 and women age 55-79 when the potential benefit due to a reduction myocardial infarctions (men) and ischemic strokes (women) outweighs the potential harm due to increase in gastrointestinal hemorrhage
- Blood Pressure screening for all adults age 18 and older
- Cholesterol screening for men age 35 and older and age 20-35 if they are at an increased risk and women age 20-45 if they are at an increased risk for coronary heart disease
- Colorectal cancer screening for adults age 50-75
- Depression screening for adults
- Type 2 diabetes screening for adults with high blood pressure (greater than 135/80 mm Hg)
- Diet counseling for adults at higher risk for chronic disease (hyperlipidemia and other known risk factors)
- HIV screening for all adults at higher risk
- Immunization vaccines for adults. Doses, recommended ages, and recommended populations vary: hepatitis A, hepatitis B, herpes zoster, human papillomavirus, influenza, measles, mumps, rubella, meningococcal, pneumococcal, tetanus, diphtheria, pertussis, varicella
- Obesity screening and counseling for all adults
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco user
- Syphilis screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women

- Anemia screening on a routine basis for pregnant women
- Bacteriuria urinary tract or other infection screening for pregnant women at 12 to 16 weeks gestation or at first prenatal visit, if later
- BRCA counseling and evaluation about genetic testing for women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes
- Breast cancer mammography screenings every 1 to 2 years for women over 40
- Breast cancer chemoprevention counseling for women at higher risk
- Breast feeding interventions during pregnancy and after birth to support and promote breast feeding
- Cervical cancer screening for sexually active women
- Chlamydia infection screening for sexually active younger women (under age 24) and other women at higher risk
- Folic acid supplements for women who may become pregnant
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh incompatibility screening for all pregnant women at first prenatal visit and follow-up testing for women at higher risk
- Tobacco use screening and interventions for all women, and expanded counseling for pregnant tobacco users
- Syphilis screening for all pregnant women or other women at increased risk

Covered Preventive Services for Children

- Alcohol and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages
- Cervical dysplasia screening for sexually active females
- Congenital hypothyroidism screening for newborns
- Developmental screening for children under age 3, and surveillance throughout childhood
- Dyslipidemia screening for children at higher risk of lipid disorders
- Fluoride chemoprevention supplements for children older than 6 months without fluoride in their water source
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns
- Height, weight and body mass index measurements for children
- Hematocrit or hemoglobin screening for children
- Hemoglobinopathies or sickle cell screening for newborns
- HIV screening for adolescents at higher risk
- Immunization vaccines for children from birth to age 18. Doses, recommended ages, and recommended populations vary: diphtheria, tetanus, pertussis, haemophilus influenzae type B, hepatitis A, hepatitis B, human papillomavirus, inactivated poliovirus, influenza, measles, mumps, rubella, meningococcal, pneumococcal, rotavirus, varicella,
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Lead screening for children at risk of exposure
- Medical history for all children throughout development
- Obesity screening and counseling
- Oral health risk assessment for young children
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Sexually transmitted infection (STI) prevention counseling for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children under age 5

Reminder About Coverage for Breast Reconstruction

The Plan continues to provide coverage for the following medical and surgical services provided to a covered person in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications relating to all stages of the mastectomy, including lymphedemas.

Plan benefits payable for these services and supplies are subject to all applicable deductibles, co-payment percentages and maximum benefit limitations.

Vision Benefits

In-Network Vision Exams for Eligible Dependent Children

One vision exam per year provided to an eligible dependent child under the age of 19 by an in-network provider will be covered at 100%. Such exam will not be subject to the \$30 copay.

Out-of-Network Vision Exams for Eligible Dependent Children

One vision exam per year provided to an eligible dependent child under the age of 19 by an out-of-network provider will be covered at 100%, subject to a \$30 copay.

Dental Benefits

In-Network Dental Expenses for Eligible Dependent Children

The following dental expenses are not subject to the \$1,500 annual dental benefit maximum and will be provided at 100% of the PPO negotiated rates if services are provided by an in-network provider to an eligible dependent child under the age of 19:

- Two oral exams, including teeth cleaning and scaling, every calendar year; additional cleanings (up to four per year) to treat periodontal disease with a letter of medical necessity
- Fluoride applications up to age 19
- Application of dental sealants up to age 16
- Dental x-rays (bitewings limited to two per year; full mouth limited to once every 36 months)

Out-of-Network Dental Expenses for Eligible Dependent Children

The following dental expenses are not subject to the \$1,500 annual dental benefit maximum and will be provided at 100% of the Usual & Customary charges if services are provided by an out-of-network provider to an eligible dependent child under the age of 19:

- Two oral exams, including teeth cleaning and scaling, every calendar year; additional cleanings (up to four per year) to treat periodontal disease with a letter of medical necessity
- Fluoride applications up to age 19
- Application of dental sealants up to age 16
- Dental x-rays (bitewings limited to two per year; full mouth limited to once every 36 months)

Claims and Appeals

Claims and Appeal Procedures Have Changed Pursuant to the PPACA

Effective for claims incurred on and after July 1, 2011, the Plan's claims and appeals procedures have changed pursuant to the PPACA. Most notably, the Plan is implementing an external review appeal process. If your claim is not a claim for eligibility under the Plan and your claim for benefits is denied after you exhaust the Plan's internal appeal procedures, you may request an external review by an independent review organization within four months of the notice of the final internal denial decision. Your Explanation of Benefits and internal appeal decisions will inform you of your right to request an external review appeal, your external review rights and your right to file suit in federal court under the Employee Retirement Income Security Act of 1974, as amended. To request a copy of the Plan's revised claims and appeals procedures, please contact the Fund Office at (312) 782-5442.

Please note: This Benefits Update is intended to serve as a Summary of Material Modifications for the Electrical Insurance Trustees Health & Welfare Plan for Office and Miscellaneous Participants. If any conflicts exist between the terms of this Update and the official Plan document, the terms of the official Plan document will control. The Trustees reserve the right to amend, modify or terminate the Plan at any time. Receipt of this Update does not confer any eligibility or entitlement to any benefits under the Plan.

SUMMARY OF MATERIAL MODIFICATIONS

EIN: 36-1033970; Plan No. 501

May 2011